

Name of Contracted Personnel: \_\_\_\_\_ Skill Type \_\_\_\_\_ Name of Agency \_\_\_\_\_

Items Required	Received Yes	Renewal/Expiration Date	Comments
<b>Licensure/Certification</b> <b>(See Job Description)- for Credential Requirements</b> <ul style="list-style-type: none"> <li>• <b>Primary Source License and Verification</b></li> <li>• <b>CPR if applicable</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Supportive Government issued ID</b></li> </ul>			<input type="checkbox"/> <b>Passport, <input type="checkbox"/> DL</b> <input type="checkbox"/> <b>State ID</b>
<ul style="list-style-type: none"> <li>• <b>Reviewed list of excluded individuals/entities (LEIE) via the online database.</b>  <a href="http://www.oig.hhs.gov">http://www.oig.hhs.gov</a></li> <li>• <b><u>Completed National Sexual Predator/Offender Search Verification</u></b>  <a href="http://Offender.fdle.state.fl.us">http://Offender.fdle.state.fl.us</a></li> <li>• <b>SAM</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Contracting Company Verification of Background check with a minimum of 7-year criminal history – Level I, Level II background screen for behavioral health and pediatric areas.</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Contracting Company Verification of negative ten (10) panel Drug Testing (in accordance with Drug Free Workplace Standards)</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Signed Acknowledgement of Job Description</b></li> </ul>			<b>N/A for contracted vendors</b>
<ul style="list-style-type: none"> <li>• <b>Verification of Initial Health screening (free of any communicable diseases.</b></li> <li>• <b>Rubella, Measles, Mumps Immunization/or positive titer and any other vaccinations).</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Provide proof of completed Mantoux (Also known as Purified Protein Derivative "PPD) test within the past six months and annually thereafter. QuantiFERON Gold Acceptable</b>   <b>Chest X-ray within 2 years if PPD positive and annual health updates</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Signed Confidentiality &amp; Data Security Form</b></li> </ul>			

ORIENTATION REQUIREMENTS - ALL			
<ul style="list-style-type: none"> <li>• <b>BH Clinical Orientation</b></li> <li>• <b>BH Risk Management</b></li> <li>• <b>General Compliance Training Bundle:</b> <ul style="list-style-type: none"> <li>○ <b>General Compliance &amp; Ethics Training</b></li> <li>○ <b>General Compliance &amp; Ethics Training Attestation</b></li> <li>○ <b>Code of Conduct Training</b></li> </ul> </li> <li>• <b>Comprehensive Emergency Mgt Education</b></li> <li>• <b>Preventing &amp; Reporting Workplace Harassment</b></li> </ul>			
ORIENTATION REQUIREMENTS CLINICAL NURSING (IN ADDITION TO ALL REQUIREMENTS)			
ONE TIME ONLY REQUIREMENTS			
<ul style="list-style-type: none"> <li>• <b>Data Security Form</b></li> <li>• <b>IV Pumps-Plum A Plus</b></li> <li>• <b>Hillrom Centrella/Progressa Beds</b></li> <li>• <b>Handling Hazardous Drugs</b></li> <li>• <b>Pharmaceutical Services</b></li> </ul>			
ANNUAL REQUIREMENTS			
<ul style="list-style-type: none"> <li>• <b>Unit-based Skills Competency (Initial and annual per specialty)</b></li> <li>• <b>Restraint Competency</b></li> <li>• <b>STROKE EDUCATION:</b> <ul style="list-style-type: none"> <li>○ <b>APEX Innovations-NIH Stroke Scale Training &amp; Certificate (or equivalent from AHA or Blue Cloud)</b></li> <li>○ <b>Stroke Education-Stroke Alert</b></li> <li>○ <b>Dysphagia &amp; Aspiration Precautions</b></li> </ul> </li> </ul>			
INITIALLY AND THEN EVERY 3 YEARS			
<ul style="list-style-type: none"> <li>• <b>Clinical Reference Guide (Challenging Pts, Pain Mgt, Restraints &amp; Seclusion, Blood Admin/Anticoagulation, &amp; Antimicrobial Stewardship)</b></li> <li>• <b>MEDLINE Instructions For Erase BSI CLABSI Course</b></li> <li>• <b>Nurse's Guide to Safely Administering IV medication</b></li> <li>• <b>Recognizing Impairment in the Workplace</b></li> </ul>			

<ul style="list-style-type: none"> <li>• End of Life (Previously: Living, Dying, Death)</li> <li>• Required Request Law: Organ Donation</li> </ul>			
Other Training by Specialty area assigned			
<ul style="list-style-type: none"> <li>• Cardiac Monitored/Critical Care Areas: <ul style="list-style-type: none"> <li>○ Procedural Sedation Adults &amp; Peds Course-Every 2 years</li> </ul> </li> <li>• Perioperative Staff: <ul style="list-style-type: none"> <li>○ Compressed Gas Cylinder Safety Course (Perioperative Areas)-Annual</li> <li>○ Formaldehyde Course (Perioperative Areas)-Annual</li> <li>○ Laser Safety (OR Nurses Only)-Annual</li> </ul> </li> <li>• Dialysis Nurses: <ul style="list-style-type: none"> <li>○ Pharmaceutical Waste Training</li> <li>○ Safe Injection Practices</li> <li>○ Sepsis Core Measure-Nurses</li> <li>○ Biohazard Waste Safety</li> </ul> </li> <li>• ED, L&amp;D, MB, and OB Recovery Staff: <ul style="list-style-type: none"> <li>○ Caring for Patients with Obstetrical Emergencies (Initially and every 2 yrs.)</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• ORIENTATION REQUIREMENTS <b>CLINICAL NON-NURSING</b> (IN ADDITION TO ALL REQUIREMENTS)</li> </ul>			
<ul style="list-style-type: none"> <li>• Current Licensure Required Education-Per State Licensing Board</li> <li>• Current AHA BLS card (every 2 years)-Check Expiration Date</li> <li>• Current AHA ACLS, PALS, and/or NRP (based on BH equivalent Job Description and population)-every 2 years</li> </ul>			
<ul style="list-style-type: none"> <li>• Initial Shift Assessment of Competency/ Evaluation</li> </ul>			
<ul style="list-style-type: none"> <li>• Annual Performance Evaluation</li> </ul>			